Case 98-02675-5-DMW Doc 21134 Filed 06/28/22 Entered 06/29/22 11:01:41 Page 1

Fill in this Information to identify the case:

of 2

Debtor 1

International Heritage, Inc.

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing) First Name

Middle Name

Last Name

United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA

Case number: 98-02675

FILED

JUN 28 2022

STEPHANIE J. BUTLER, CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NC

Form 1340 (12/19)

AMENDED APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$224.54, \$62.85, \$321.10 and \$1.81
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group Original Creditor: Amelia H. Dewitt
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

Supporting Documentation 3.

X Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

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Notice to United States Attorney of 2

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
For the Eastern District of North Carolina
150 Fayetteville Street, Suite 2100
Raleigh, NC 27601

5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of
perjury under the laws of the United States of America that the foregoing is true and correct.	perjury under the laws of the United States of America that the foregoing is true and correct.
Date:	Date:
Signature of Applicant Benjamin D. Tarver	Signature of Co-Applicant (if applicable)
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)
Address: 2300 East Fry Blvd #1630 Sierra Vista, AZ 85636	Address:
Telephone: 832-781-0620	Telephone:
Email: help@claimtransfers.com	Email:
6. Notarization	6. Notarization
STATE OF ARIZONA	STATE OF
COUNTY OF YUMA	COUNTY OF
This Application for Unclaimed Funds, dated	This Application for Unclaimed Funds, dated
me this <u>20</u> day of <u>Sune</u> , 20 <u>22</u> by	me this day of 20 by
BENJAMIN DERAY TARVER	
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be	who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within	the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.	instrument. WITNESS my hand and official seal.
(SEAL) Notary Public	(SEAL) Notary Public
My commission expires: /0 -/9 - 2005	My commission expires:
SHAREE DONALDSON	
Notary Public - State of Arizona	

YUMA COUNTY Commission # 624697 Expires October 19, 2025